

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

DATE/STAMP

Name of Candidate Johnny W. Stringer

Address 167 CR 2349 - Louin, MS 39338

Telephone 601-739-3663 Fax _____

Contact Name _____ Email _____

Office Sought State Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$27,500 + \$ 800	\$ 28,300.00	\$ 28,300.00
Total amount of disbursements	\$ 1818.69 + \$ 4256.19	\$ 6074.88	\$ 6,074.88
Total amount of cash on hand		\$ 136,915.33	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Johnny W. Stringer

Date 1-31-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Johnny Stringer

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/4/10</u>	\$ <u>250.00</u>
Mailing Address		<u>12/16/10</u>	\$ <u>500.00</u>
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/21/10</u>	\$ <u>250.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/21/10</u>	\$ <u>250.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/21/10</u>	\$ <u>250.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Johnny Stringer
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Corrections Corp. of Am</u>	<u>1/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>10 Burton Hills Blvd.</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Nashville, TN 37215</u>	<u>1/1/10</u>	\$
Name of Employer (Required) _____	<u>1/1/10</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Co.</u>	<u>2/1/10</u>	\$ <u>500.00</u>
Mailing Address _____	<u>1/1/10</u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>	<u>1/1/10</u>	\$
Name of Employer (Required) _____	<u>1/1/10</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Optometry For Progress</u>	<u>2/1/10</u>	\$ <u>500.00</u>
Mailing Address <u>141 Executive Drive Suite 5</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u>1/1/10</u>	\$
Name of Employer (Required) _____	<u>1/1/10</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rob Wells</u>	<u>2/1/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>226 Westfield Rd</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>1/1/10</u>	\$
Name of Employer (Required) _____	<u>1/1/10</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Name of Candidate or Committee

Johnny StringerPage 3 of 11

Reporting period

through

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Allergan USA, Inc	3/13/10	\$ 1,000.00
Mailing Address		\$
2525 Dupont Drive		
City, State, Zip Code		\$
Irvine, Cal. 92612		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Walgreens Co	7/24/10	\$ 500.00
Mailing Address		\$
104 Wilnot Rd, MS# 1444		
City, State, Zip Code		\$
Deerfield, IL 60015		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Merck Sharp & Dohme Corp.	7/29/10	\$ 500.00
Mailing Address		\$
One Merck Drive		
City, State, Zip Code		\$
Whitehouse Station, NJ 08889-3400		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Americhoice Health Services, Inc	8/8/10	\$ 1,000.00
Mailing Address		\$
PO Box 1459		
City, State, Zip Code		\$
Minneapolis, MN 55440-1459		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Johnny Stringer
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T MS</u>	<u>8/25/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol St.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Landmark Center, Room 703</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Jackson, MS 39201</u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railway Co.</u>	<u>8/30/10</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lou Menk Drive AOB-3</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ft Worth, TX 76131</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Valley</u>	<u>8/30/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P O Box 5454</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39288-5454</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Motorola</u>	<u>9/7/10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 68429</u>	<u> / / </u>	\$
City, State, Zip Code <u>Schaumburg, Illinois 60168</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee

Johnny Stringer

Page

5

of

11

Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>		<u>9/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>2630 Ridgewood, Ste. C</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Tackson, MS 39216-4920</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Policy Govt.</u>		<u>9/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 9034</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Concord, CA 94524</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atria Client Services, Inc.</u>		<u>10/17/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>60601 W Broad St</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Richmond, Va. 23230</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cash of MS, Inc</u>		<u>10/17/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P O Box 550</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Johnny Stringer
Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Learning Through Sports, Inc.</u>		<u>11/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>1 MT. Laurel Ave. Ste. 210</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>Birmingham, Ala. 35242-1817</u>		<u>1/1/1</u>	\$
Name of Employer (Required) _____		<u>1/1/1</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy, PAC</u>		<u>11/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P O Box 217</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u>1/1/1</u>	\$
Name of Employer (Required) _____		<u>1/1/1</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer, Inc.</u>		<u>11/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>235 East 42nd St</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>New York, NY 10017-5755</u>		<u>1/1/1</u>	\$
Name of Employer (Required) _____		<u>1/1/1</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser - Busch Cos; Inc.</u>		<u>11/12/10</u>	\$ <u>500.00</u>
Mailing Address _____		<u>1/1/1</u>	\$
City, State, Zip Code <u>New York, NY</u>		<u>1/1/1</u>	\$
Name of Employer (Required) _____		<u>1/1/1</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee

Johnny Stringer

Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Swisher International, Inc.</u>		<u>11/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 2230</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Jacksonville, FL 32203-2230</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entertainment Software</u>		<u>11/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>575 7th St., NW</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Health Care Asso.</u>		<u>11/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>1076 Highland Colony Pkwy - STE 125</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk Western Railroad</u>		<u>11/12/10</u>	\$ <u>250.00</u>
Mailing Address <u>P O Box 5025</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Troy, Michigan 48007-5025</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Johany Stringer

Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Norfolk Southern Corp.</u>		<u>11/12/10</u>	\$ <u>250.00</u>
Mailing Address <u>3 Commercial Place</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Norfolk, VA 23510-2191</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Danbury</u>		<u>11/22/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>5100 Tennyson Parkway Suite 1200</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Plano, Texas 75024</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Asso. For Home Care</u>		<u>12/7/10</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St STEB</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Novartis</u>		<u>12/7/10</u>	\$ <u>300.00</u>
Mailing Address <u>One Health Plaza</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>East Hanover, NJ 07936-1080</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Johnny Stringer

Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Good Government PAC</u>		<u>12/16/10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 4019</u>		<u> 1 1 </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u> 1 1 </u>	\$
Name of Employer (Required)		<u> 1 1 </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corp.</u>		<u>12/16/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>1701 JFK Boulevard</u>		<u> 1 1 </u>	\$
City, State, Zip Code <u>Philadelphia, PA 19103</u>		<u> 1 1 </u>	\$
Name of Employer (Required)		<u> 1 1 </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>General Electric Co.</u>		<u>12/16/10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 9544</u>		<u> 1 1 </u>	\$
City, State, Zip Code <u>Fort Myers, FL 33906-9544</u>		<u> 1 1 </u>	\$
Name of Employer (Required)		<u> 1 1 </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Friedkin Business Services</u>		<u>12/16/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P O Box 441887</u>		<u> 1 1 </u>	\$
City, State, Zip Code <u>Houston, Texas 77244-1887</u>		<u> 1 1 </u>	\$
Name of Employer (Required)		<u> 1 1 </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Johnny Stringer
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Health Management</u>	<u>12/16/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>2550 Flowood Dr. STE 402</u>	__/__/__	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group PAC</u>	<u>12/16/10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 217</u>	__/__/__	\$
City, State, Zip Code <u>Jackson MS 39205</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donelson MS PAC</u>	<u>12/27/10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 14167</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, MS 39236</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE - PAC</u>	<u>12/27/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>1027 Azalea Drive</u>	__/__/__	\$
City, State, Zip Code <u>Wagnersboro, MS 39367</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Johnny Stringer
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Millcreek Management Corp.</u>	<u>12/30/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1130</u>	__/__/__	\$
City, State, Zip Code <u>Magee, MS 39111</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Corp</u>	<u>10/25/10</u>	\$ <u>1,000.00</u>
Mailing Address	__/__/__	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	\$
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	\$
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Johnny Stringer
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>VPAC</u>	Date (Mo., Day, Year) <u>3/8/10</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>
B. Full name <u>Barnetts</u>	Date (Mo., Day, Year) <u>6/19/10</u>	Amount of each disbursement this period \$ <u>369.69</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>369.69</u>
C. Full name <u>Pearl River Glass Studios</u>	Date (Mo., Day, Year) <u>10/14/10</u>	Amount of each disbursement this period \$ <u>449.00</u>
Mailing Address <u>142 Millsaps Ave.</u>		
City, State, Zip Code <u>Jackson, MS 39202</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>449.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$